**FORMULAR PER PAP – TEST / PAP – TEST FORM**

|  |  |
| --- | --- |
| EMER, MBIEMER /  NAME, SURNAME |  |
| DATA E LINDJES /  DATE OF BIRTH |  |
| DATA E MARJES SE MOSTRES / SPECIMEN COLLECTION DATE |  |
| DITA E PARE E CIKLIT TE FUNDIT / FIRST DATE OF LAST MENSTRUAL PERIOD |  |
| GRAVIDANCE /  PREGNANCIES |  |
| LINDJE NORMALE OSE ME SECTIO / NORMAL BIRTH OR SECTIO CAESAREA |  |
| FERTILIZIM IN VITRO /  IN VITRO FERTILITY |  |
| ABORTE /  ABORTS |  |
| KYRETAZHE /  CURETTAGE |  |
| MEDIKAMENTE /  DRUGS |  |
| HORMONE (TERAPI ZEVENDESUESE ) /  HORMONE REPLACEMENT THERAPY |  |
| SPIRALE ENDOCERVIKALE / ENDOCERVICAL SPIRAL |  |
| SEMUNDJE KRONIKE /  CHRONIC DISEASES |  |
| OPERACIONE GJINEKOLOGJIKE / GYNECOLOGICAL SURGERY |  |
| KIMIOTERAPI OSE RADIOTERAPI / CHEMOTHERAPY AND RADIOTHERAPY |  |
| ANAMNEZE GJENETIKE TRASHEGUESE/  HISTORY FOR GENETIC DISEASES |  |